## TOWN OF YORKTOWN DOG LICENSE APPLICATION

Date:		
Check One	ORIGINAL LICENSE	RENEWAL
DOG IDENTIFI	ERS:	
License Number:		
Dog's Name		
Year of Birth:		
Breed:		
Color/Colors	-	
Microchip#		
Markings		
OWNER'S INFO	DRMATION	
NAME (Last Nam	ne, First Name)	•
TYPINT (Last Ivali	ic, I not ivanic)	
MAILING ADDR	ESS (Please add physical address	if different)
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TELEHONE NUN	ABER	
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SIGNATURE		<u> </u>
All dogs ti	iree months or older must have p	roof of a rabies vaccination and
	spaying signed by a licensed vete	
222222		
Rabies Vaccine:		
Veterinarian		
Date Vaccinate	ed	
Manufacturer		
Serial Number		
One Year/Thre	e Year Vaccine	<u> </u>
	<u>.</u>	•
Neutered Male _	\$ 12.50	
Spayed Female _	\$ 12.50	
Unneutered Male_	\$ 19.50	
Unspayed Female_		•
Exempt	\$ None	